

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 26, 2002	Applicant Identifier State Application Identifier Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: Walnut Grove Partners, L.P.		Organizational Unit: Project Development																						
Address (give city, county, State, and zip code): 250 North Harbor Drive, Suite 319 Redondo Beach, CA 90277 Los Angeles County, California		Name and telephone number of person to be contacted on matters involving this application (give area code): Frank Fonseca 310-798-5656																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 03 - 0423287		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit Limited Partnership </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">N</div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">10 - 415</div> TITLE: Rural Rental Housing Loan		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Walnut Grove Senior Apartments <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> RECEIVED APR 30 2002 </div>																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Clearlake, Lake County, California		13. PROPOSED PROJECT Start Date: 1/1/03 Ending Date: 11/15/03																						
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 29		b. Project: 1 <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> STATE CLEARING HOUSE </div>																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">a. Federal USDA, HOME, AHP</td> <td style="width:10%;">\$</td> <td style="width:30%;">1,735,500</td> </tr> <tr> <td>b. Applicant LP Investor</td> <td>\$</td> <td>3,267,179</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other Def. Dev. Fee/Borrower Contribution</td> <td>\$</td> <td>122,821</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>5,125,500</td> </tr> </table>		a. Federal USDA, HOME, AHP	\$	1,735,500	b. Applicant LP Investor	\$	3,267,179	c. State	\$		d. Local	\$		e. Other Def. Dev. Fee/Borrower Contribution	\$	122,821	f. Program Income	\$		g. TOTAL	\$	5,125,500	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal USDA, HOME, AHP	\$	1,735,500																						
b. Applicant LP Investor	\$	3,267,179																						
c. State	\$																							
d. Local	\$																							
e. Other Def. Dev. Fee/Borrower Contribution	\$	122,821																						
f. Program Income	\$																							
g. TOTAL	\$	5,125,500																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Type Name of Authorized Representative Frank Fonseca		b. Title Manager Clearlake Developers II, LLC-G.P.																						
c. Telephone Number 310-798-5656		d. Signature of Authorized Representative 																						
e. Date Signed 4-25-2002		f. Date Signed																						

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-X575-11
Budget Number:	16 - Budget Pending Approval
Project Information:	MOS-3 Metro Red Line

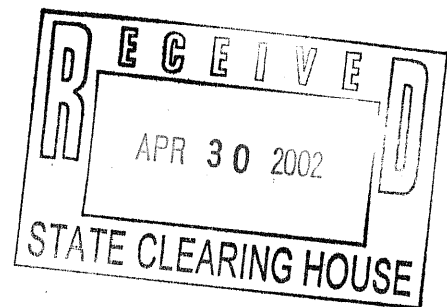
Part 1: Recipient Information

Project Number:	CA-90-X575-11
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	
City:	LOS ANGELES, CA 90026 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	



Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-X575-11
Project Description:	MOS-3 Metro Red Line
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Charlene Lee Lorenzo/Brian Boudreau
New/Amendment:	Amendment
Amend Reason:	Increase Award
Fed Dom Asst. #:	20507
Sec. of Statute:	5307..
State Appl. ID:	07LA29202X
Start/End Date:	-
Recvd. By State:	Apr. 18, 2002
EO 12372 Rev:	YES
Review Date:	Mar. 15, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 25, 2001
Program Page:	152..
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Gross Project Cost:	\$20,121,101
Adjustment Amt:	\$0
Total Eligible Cost:	\$20,121,101
Total FTA Amt:	\$16,096,881
Total State Amt:	\$0
Total Local Amt:	\$4,024,220
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-004

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4-25-2002	Applicant Identifier Tulare County Fire Department
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Tulare County		Organizational Unit: Fire Department																					
Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, CA 93292		Name and telephone number of person to be contacted on matters involving this application (give area code) Lisa Marrone (559) 732-5057																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6000545		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px;">B</div>																					
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. Increase Award D. Decrease Duration </div> <div> B. Decrease Award Other(specify): _____ </div> <div> C. Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: M.E.C.C.A. Meeting Room and Energy efficiency for Community Conference and Access																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart, Tulare County, CA																							
13. PROPOSED PROJECT Start Date: 10-1-02 Ending Date: 9-30-03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 20																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">12,100</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">9,900</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">22,000</td></tr> </table>		a. Federal	\$	00	b. Applicant	\$	12,100	c. State	\$	9,900	d. Local	\$	00	e. Other	\$	00	f. Program Income	\$	00	g. TOTAL	\$	22,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-25-2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	00																					
b. Applicant	\$	12,100																					
c. State	\$	9,900																					
d. Local	\$	00																					
e. Other	\$	00																					
f. Program Income	\$	00																					
g. TOTAL	\$	22,000																					
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Type Name of Authorized Representative David Hillman		b. Title Chief																					
c. Telephone Number (559) 732-5954		e. Date Signed 4/15/02																					

Application for Federal Assistance



3125

OMB Approval No. 0348-0043

1. Type of Submission Application Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 04/22/2002	Applicant Identifier 3. Date Received by State (mm/dd/yyyy) 4. Date Received by Federal Agency (mm/dd/yyyy)																					
5. Applicant Information Legal Name San Carlos Development Corporation Address (give city, county, State, and zip code) 707 Elm Street P.O. Box 1306 San Carlos, San Mateo County California 94070		Organizational Unit California non-profit public benefit corporation Name and telephone number of the person to be contacted on matters involving this application (give area code) Robert J. Ravano, President (650) 595-1500																						
6. Employer Identification Number (EIN) (xx-yyyymm) <div style="border: 1px solid black; padding: 2px; display: inline-block;">94</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;">3165510</div>		7. Type of Applicant (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Other (Specify) </div> <div style="width: 45%;"> J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) </div> </div>																						
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. Name of Federal Agency See attached																						
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: Mortgage Insurance <div style="border: 1px solid black; padding: 2px; display: inline-block;">14</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;">129</div>		11. Descriptive Title of Applicant's Project San Carlos Elms 115 Bed Residential Care Facility located in San Carlos, California see attached Form HUD-92013 and location map for a further description																						
12. Areas Affected by Project (cities, counties, States, etc.) City of San Carlos, San Mateo County, CA		13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy) 07/01/2002 09/01/2003																						
14. Congressional Districts of a. Applicant California - 14 b. Project California - 14		15. Estimated Funding <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>.00</td></tr> <tr><td>g. Total</td><td>\$</td><td>see attached</td></tr> </table>		a. Federal	\$.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$	see attached
a. Federal	\$.00																						
b. Applicant	\$.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. Total	\$	see attached																						
16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 04/22/2002 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.		17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No																						
18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.																								
a. Typed Name of Authorized Representative Robert J. Ravano		b. Title President																						
c. Telephone Number (Include Area Code) (650) 595-1500		d. Signature of Authorized Representative 																						
e. Date Signed (mm/dd/yyyy) 04/22/2002		f. Previous Edition Usable Authorized for Local Reproduction																						

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 05/14/02	Grant Identifier B02-UC-06-0009
		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: San Joaquin County	Organizational Unit: Community Development Department
Address (give city, county, state, and zip code): 1810 E. Hazelton Avenue Stockton, CA 95205-6232	Name and telephone number of the person to be contacted on matters involving this application (give area code) Karen Stevens (209) 468-3139

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	6	0	0	0	5	3	1
---	---	---	---	---	---	---	---	---	---

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify):	

7. TYPE OF APPLICANT: (enter appropriate letter in box)

B

A. State	I. State Controlled Institution of Higher Learning
B. County	J. Private University
C. Municipal	K. Indian Tribe
D. Township	L. Individual
E. Interstate	M. Profit Organization
F. Intermunicipal	N. Nonprofit
G. Special District	O. Public Housing Agency
H. Independent School Dist.	P. Other (Specify)

9. NAME OF FEDERAL AGENCY:

U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)

1	4	.	2	1	8
---	---	---	---	---	---

TITLE: Community Development Block Grant (CDBG)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

County of San Joaquin and the cities of Escalon, Lathrop, Lodi, Manteca, Ripon, and Tracy, California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

2002-03 Entitlement Statement for San Joaquin County and participating cities. Activities include public works and facilities, housing rehabilitation, public services, administration/planning and interim assistance.

13. PROPOSED PROJECT:

Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
07/01/02	06/30/03

14. CONGRESSIONAL DISTRICTS OF:

 a. Applicant
 14 & 18

 b. Project
 14 & 18

15. ESTIMATED FUNDING:

Complete form HUD-424-M, Funding Matrix

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE (mm/dd/yyyy) April 25, 2002

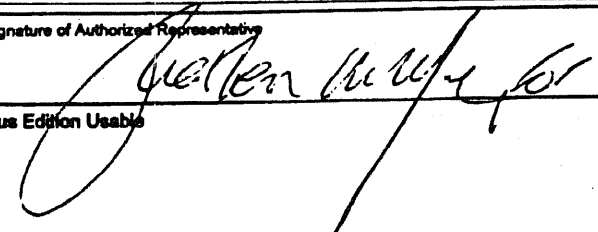
 b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

 OR ☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Ben Hulse	b. Title Director, Community Development Dept.	c. Telephone number (Include Area Code) (209) 468-3133
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 05/14/02

FEDERAL ASSISTANCE

2. DATE SUBMITTED

4/19/02

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☐ Construction☐ Non-Construction

Preapplication

☒ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

County of Ventura

Organizational Unit:

County Executive Office

Address (give city, county, State, and zip code):

County of Ventura, County Exec. Office
800 S. Victoria Avenue L#1940
Ventura, CA 93009Name and telephone number of person to be contacted on matters involving
this application (give area code) Paul Derse

(805) 662-6792

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6000944

7. TYPE OF APPLICANT: (enter appropriate letter in box)

B

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify) _____

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Community Facilities

TITLE: Direct Loan Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Oak View School
Acquisition & Improvement

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Community of Oak View
Ventura County, California

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

STATE CLEARING HOUSE

Start Date

12/02

Ending Date

12/03

a. Applicant

23rd & 24th

b. Project

24th

15. ESTIMATED FUNDING:

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE 4/25/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Paul Derse

b. Title Chief

Deputy Exec. Officer

c. Telephone Number

(805) 662-6792

d. Signature of Authorized Representative

e. Date Signed

4/25/02

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: <u>City of Garden Grove</u>		Organizational Unit: <u>City of Garden Grove</u>																													
Address (give city, county, State, and zip code): <u>P. O. Box 3070 - Garden Grove</u> <u>Orange County, CA 92842</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>William E. Murray (714) 741-5184</u>																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 95 - 6005848 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">C</div>																													
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award D. Decrease Award</div> <div>B. Decrease Award Other(specify):</div> <div>C. Increase Duration</div> </div>		<div style="font-size: small;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div>																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Title: <u>Surveys, studies,</u> 66 - 606 <u>investigations & special purpose grants</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Construction of Yockey/Newland</u> <u>Storm Drain (Phase I)</u>																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>City of Garden Grove, Orange County, CA</u>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 29 2002 </div>																													
13. PROPOSED PROJECT Start Date <u>7/05</u> Ending Date <u>11/06</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>46</u> b. Project <u>46</u>																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">350,000</td><td style="text-align: right;">.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">286,364</td><td style="text-align: right;">.00</td></tr> <tr><td>c. State</td><td>\$</td><td></td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td></td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">636,364</td><td style="text-align: right;">.00</td></tr> </table>		a. Federal	\$	350,000	.00	b. Applicant	\$	286,364	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	636,364	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>April 25, 2002</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	350,000	.00																												
b. Applicant	\$	286,364	.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	636,364	.00																												
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																													
a. Type Name of Authorized Representative <u>Les M. Jones II</u>		b. Title <u>Asst. City Manager/</u> <u>Director of Public Works</u>																													
d. Signature of Authorized Representative 		c. Telephone Number <u>(714) 741-5375</u> e. Date Signed <u>4/24/02</u>																													

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

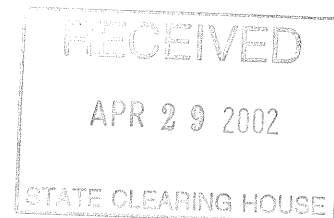
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-90-Y077-02
Budget Number:	3 - Budget Pending Approval
Project Information:	Antelope Valley Line Improvements

Part 1: Recipient Information

Project Number:	CA-90-Y077-02
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0423

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 26, 2002		Applicant Identifier	
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Walnut Grove Partners, L.P. Address (give city, county, State, and zip code): 250 North Harbor Drive, Suite 319 Redondo Beach, CA 90277 Los Angeles County, California		Organizational Unit: Project Development Name and telephone number of person to be contacted on matters involving this application (give area code): Frank Fonseca 310-798-5656																																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 - 0423237 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit Limited Partnership </div> </div>																																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA																																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 - 415 </div> TITLE: Rural Rental Housing Loan		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Walnut Grove Senior Apartments <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> RECEIVED APR 30 2002 STATE CLEARING HOUSE </div>																																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Clearlake, Lake County, California																																							
13. PROPOSED PROJECT Start Date: 1/1/03 Ending Date: 11/15/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 29 b. Project: 1																																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%; text-align: right;">1,735,500</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>USDA, HOME, AHP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">3,267,179</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>LP Investor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other Def. Dev. Fee/Borrower Contribution</td> <td>\$</td> <td style="text-align: right;">122,821</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">5,125,500</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	1,735,500	.00	USDA, HOME, AHP				b. Applicant	\$	3,267,179	.00	LP Investor				c. State	\$.00	d. Local	\$.00	e. Other Def. Dev. Fee/Borrower Contribution	\$	122,821	.00	f. Program Income	\$.00	g. TOTAL	\$	5,125,500	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,735,500	.00																																				
USDA, HOME, AHP																																							
b. Applicant	\$	3,267,179	.00																																				
LP Investor																																							
c. State	\$.00																																				
d. Local	\$.00																																				
e. Other Def. Dev. Fee/Borrower Contribution	\$	122,821	.00																																				
f. Program Income	\$.00																																				
g. TOTAL	\$	5,125,500	.00																																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																							
a. Type Name of Authorized Representative Frank Fonseca		b. Title Manager Clearlake Developers II, LLC-G.P.																																					
c. Telephone Number 310-798-5656		d. Signature of Authorized Representative 																																					
e. Date Signed 4-25-2002																																							

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-X575-11
Budget Number:	16 - Budget Pending Approval
Project Information:	MOS-3 Metro Red Line

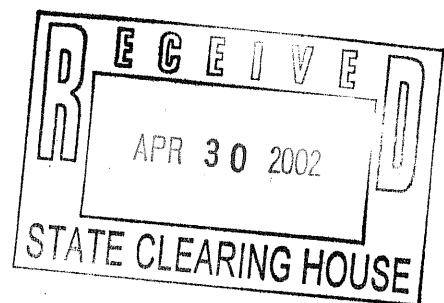
Part 1: Recipient Information

Project Number:	CA-90-X575-11
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	
City:	LOS ANGELES, CA 90026 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	



Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$20,121,101
Project Number:	CA-90-X575-11	Adjustment Amt:	\$0
Project Description:	MOS-3 Metro Red Line	Total Eligible Cost:	\$20,121,101
Recipient Type:	Transit Authority	Total FTA Amt:	\$16,096,881
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Charlene Lee Lorenzo/Brian Boudreau	Total Local Amt:	\$4,024,220
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None
Sec. of Statute:	5307..	S.C. Tgt. Date:	None Specified
State Appl. ID:	07LA29202X	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:	Apr. 18, 2002	Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Mar. 15, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 25, 2001		
Program Page:	152..		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-004

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4-25-2002	Applicant Identifier Tulare County Fire Department
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Tulare County Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, CA 93292		Organizational Unit: Fire Department Name and telephone number of person to be contacted on matters involving this application (give area code): Lisa Marrone (559) 732-5057
---	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94 - 6000545 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> </div>
--	--

8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div>	9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 - 766 </div> TITLE: Community Facilities Loans and Grants	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Meeting room and Energy efficiency for Community Conference and Access
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart, Tulare County, CA		<div style="border: 2px solid black; padding: 5px; text-align: center; margin: -20px auto; width: 150px;"> RECEIVED APR 30 2002 STATE CLEARINGHOUSE </div>
--	--	--

13. PROPOSED PROJECT Start Date: 10-1-02 Ending Date: 9-30-03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 20
--	---

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">00</td> <td style="width:10%;"></td> <td style="width:10%; text-align: right;">12,100</td> <td style="width:10%; text-align: right;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td>9,900</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td>22,000</td> <td>00</td> </tr> </table>		a. Federal	\$	00		12,100	00	b. Applicant	\$			9,900	00	c. State	\$				00	d. Local	\$				00	e. Other	\$				00	f. Program Income	\$				00	g. TOTAL	\$			22,000	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-25-2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	00		12,100	00																																							
b. Applicant	\$			9,900	00																																							
c. State	\$				00																																							
d. Local	\$				00																																							
e. Other	\$				00																																							
f. Program Income	\$				00																																							
g. TOTAL	\$			22,000	00																																							

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
---	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative David Hillman	b. Title Chief	c. Telephone Number (559) 732-5954
d. Signature of Authorized Representative 		e. Date Signed 4/15/02

Application for Federal Assistance



3125

OMB Approval No. 0348-0043

1. Type of Submission Application Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 04/22/2002	Applicant Identifier
3. Date Received by State (mm/dd/yyyy) 		State Application Identifier 	
4. Date Received by Federal Agency (mm/dd/yyyy) 		Federal Identifier 	

5. Applicant Information

Legal Name San Carlos Development Corporation Address (give city, county, State, and zip code) 707 Elm Street P.O. Box 1306 San Carlos, San Mateo County California 94070	Organizational Unit California non-profit public benefit corporation Name and telephone number of the person to be contacted on matters involving this application (give area code) Robert J. Ravano, President (650) 595-1500
---	--

6. Employer Identification Number (EIN) (xx-yyy-xxxx)

94

 -

3165510

RECEIVED
 APR 29 2002
 STATE CLEARING HOUSE

8. Type of Application:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es):
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify)

7. Type of Applicant (enter appropriate letter in box) N

A. State	J. Private University
B. County	K. Indian Tribe
C. Municipal	L. Individual
D. Township	M. Profit Organization
E. Interstate	N Nonprofit
F. Other Municipal	O Public Housing Agency
G. Special District	P. Other (Specify)
H. Independent School Dist.	
I. State Controlled Institution of Higher Learning	

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

14

 -

129

 Title: Mortgage Insurance

11. Descriptive Title of Applicant's Project
 San Carlos Elms
 115 Bed Residential Care Facility
 located in San Carlos, California

 see attached Form HUD-92013 and location map for a further description

12. Areas Affected by Project (cities, counties, States, etc.)
 City of San Carlos, San Mateo County, CA

9. Name of Federal Agency
 See attached

13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy) 07/01/2002 09/01/2003	14. Congressional Districts of a. Applicant b. Project California - 14 California - 14
--	---

15. Estimated Funding <table style="width:100%; font-size: 0.8em;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>g. Total</td><td>\$</td><td style="text-align: right;">see attached .00</td></tr> </table>	a. Federal	\$.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$	see attached .00	16. Is Application Subject to Review by State Executive Order 12372 Process? a. <input checked="" type="checkbox"/> Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 04/22/2002 b. <input type="checkbox"/> No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
a. Federal	\$.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. Total	\$	see attached .00																				

17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
---	---

a. Typed Name of Authorized Representative Robert J. Ravano	b. Title President	c. Telephone Number (Include Area Code) (650) 595-1500
d. Signature of Authorized Representative 	e. Date Signed (mm/dd/yyyy) 04/22/2002	

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission Application		2. Date Submitted (mm/dd/yyyy) 05/14/02	Grant Identifier B02-UC-06-0009
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: San Joaquin County	Organizational Unit: Community Development Department
Address (give city, county, state, and zip code): 1810 E. Hazelton Avenue Stockton, CA 95205-6232	Name and telephone number of the person to be contacted on matters involving this application (give area code) Karen Stevens (209) 468-3139

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	6	0	0	0	5	3	1
---	---	---	---	---	---	---	---	---	---

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

<input type="checkbox"/> A. Increase Award	<input type="checkbox"/> B. Decrease Award	<input type="checkbox"/> C. Increase Duration
<input type="checkbox"/> D. Decrease Duration	Other (specify):	

7. TYPE OF APPLICANT:

(enter appropriate letter in box)

B

- | | |
|-----------------------------|--|
| A. State | I. State Controlled Institution of Higher Learning |
| B. County | J. Private University |
| C. Municipal | K. Indian Tribe |
| D. Township | L. Individual |
| E. Interstate | M. Profit Organization |
| F. Intermunicipal | N. Nonprofit |
| G. Special District | O. Public Housing Agency |
| H. Independent School Dist. | P. Other (Specify) |

9. NAME OF FEDERAL AGENCY:

U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)

1	4	.	2	1	8
---	---	---	---	---	---

TITLE: Community Development Block Grant (CDBG)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

County of San Joaquin and the cities of Escalon, Lathrop, Lodi, Manteca, Ripon, and Tracy, California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

2002-03 Entitlement Statement for San Joaquin County and participating cities. Activities include public works and facilities, housing rehabilitation, public services, administration/planning and interim assistance.

13. PROPOSED PROJECT:

Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
07/01/02	06/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

14 & 18

b. Project

14 & 18

15. ESTIMATED FUNDING:

Complete form HUD-424-M, Funding Matrix

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

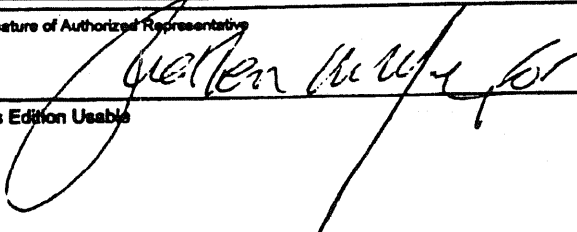
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE (mm/dd/yyyy) April 25, 2002b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372OR ☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Ben Hulse	b. Title Director, Community Development Dept.	c. Telephone number (Include Area Code) (209) 468-3133
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 05/14/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/19/02	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: County of Ventura		Organizational Unit: County Executive Office																						
Address (give city, county, State, and zip code): County of Ventura, County Exec. Office 800 S. Victoria Avenue L#1940 Ventura, CA 93009		Name and telephone number of person to be contacted on matters involving this application (give area code) Paul Derse (805) 662-6792																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">B</div>																						
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Facilities TITLE: Direct Loan Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oak View School Acquisition & Improvement																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Oak View Ventura County, California		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 25 2002 STATE CLEARING HOUSE </div>																						
13. PROPOSED PROJECT																								
Start Date 12/02	Ending Date 12/03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23rd & 24th b. Project 24th																						
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">1,300,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,300,000.00</td> </tr> </table>		a. Federal	\$	1,300,000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	1,300,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/25/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,300,000.00																						
b. Applicant	\$.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	1,300,000.00																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Paul Derse		b. Title Chief Deputy Exec. Officer																						
c. Telephone Number (805) 662-6792		e. Date Signed 4/25/02																						

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION		
Legal Name: City of Garden Grove		Organizational Unit: City of Garden Grove
Address (give city, county, State, and zip code): P. O. Box 3070 - Garden Grove Orange County, CA 92842		Name and telephone number of person to be contacted on matters involving this application (give area code): William E. Murray (714) 741-5184
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6005848		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <input checked="" type="checkbox"/> C
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. EPA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Title: Surveys, studies, 66 - 606 investigations & special purpose grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of Yockey/Newland Storm Drain (Phase I)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Garden Grove, Orange County, CA		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 29 2002 STATE CLEARING HOUSE </div>
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 7/05 Ending Date: 11/06	a. Applicant: 46	b. Project: 46
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 350,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 25, 2002
b. Applicant	\$ 286,364	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$ 636,364	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Les M. Jones II	b. Title Asst. City Manager/ Director of Public Works	c. Telephone Number (714) 741-5375
d. Signature of Authorized Representative		e. Date Signed 4/24/02

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

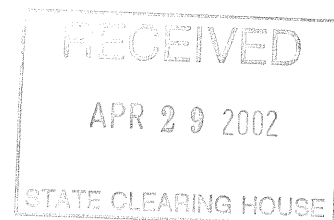
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-90-Y077-02
Budget Number:	3 - Budget Pending Approval
Project Information:	Antelope Valley Line Improvements

Part 1: Recipient Information

Project Number:	CA-90-Y077-02
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0423

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Contact Name:	Gordon Hubel
Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,902,000
Project Number:	CA-90-Y077-02	Adjustment Amt:	\$0
Project Description:	Antelope Valley Line Improvements	Total Eligible Cost:	\$4,902,000
Recipient Type:	Transit Authority	Total FTA Amt:	\$4,334,000
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$568,000
Recipient Contact:	Joanna Capelle	Total Local Amt:	\$0

New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	07-2897	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Apr. 29, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Feb. 09, 2001		
Program Page:	LA0B7009		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES, CA
60420	RIVERSIDE-SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	30	Xavier Becerra
6	33	Lucille Roybal-Allard
6	28	David Dreier
6	31	Hilda L Solis
6	40	Jerry Lewis
6	41	Gary G Miller
6	42	Joe Baca

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Project ID:	CA-16-0041
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2003 CAP PRJCTS; PURCHASED TRANSP,

RECEIVED
 APR 29 2002
STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-16-0041
Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Address:	633 WEST 5TH STREET 9TH FLOOR, LOS ANGELES, CA 90017 0000
Telephone:	(213) 270-6000
Facsimile:	(213) 270-6057

Union Information

Recipient ID:	5830
Union Name:	Gardena Municipal Employees
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	Ellen Emerson
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES DEPUTY
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	DOUGLAS MCLELLAN
Telephone:	
Facsimile:	

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
111-01 BUS - ROLLING STOCK	67	\$2,253,974	\$2,546,000
<u>ACTIVITY</u>			
11.12.15 BUY REPLACEMENT MINIVANS (STP) LA900520	67	\$2,253,974	\$2,546,000
<u>SCOPE</u>			
117-00 OTHER CAPITAL ITEMS (BUS)	0	\$43,436,858	\$49,064,564
<u>ACTIVITY</u>			
11.71.13 3RD PARTY CONTRACTED SERVICES (E&PD) (STP) LA970501	0	\$43,436,858	\$49,064,564
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	3	\$118,520	\$133,875
<u>ACTIVITY</u>			
11.12.15 BUY REPLACEMENT Full Size Modified Vans (STP) LA900520	3	\$118,520	\$133,875
Estimated Total Eligible Cost:			\$51,744,439
Federal Share:			\$45,809,352
Local Share:			\$5,935,087

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.12.15	BUY REPLACEMENT MINIVANS (STP) LA900520	Gasoline
11.12.15	BUY REPLACEMENT Full Size Modified Vans (STP) LA900520	Gasoline

Extended Budget Descriptions

11.12.15	BUY REPLACEMENT MINIVANS (STP) LA900520	67	\$2,253,974	\$2,546,000
Minivans to be replaced are 16 foot 1998 and 1999 Dodge Ricon low floor minivans. Quantities are (19) '98 and (48) '99 vehicles with seating capacity of 3 ambulatory and 2 wheelchair positions.				

All vans to be replaced meet mileage requirements. See list in fleet details.				
11.71.13	3RD PARTY CONTRACTED SERVICES (E&PD) (STP) LA970501	0	\$43,436,858	\$49,064,564
These funds will provide for transportation services including eligibility, customer services and purchased transportation.				
11.12.15	BUY REPLACEMENT Full Size Modified Vans (STP) LA900520	3	\$118,520	\$133,875
Vans to be replaced are 21 foot Cutaway type vehicles; 1997 Ford Supreme. Seating capacity is 6 ambulatory and 2 wheelchair passengers.				
All vans to be replaced meet mileage requirements. See list in fleet details.				

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.71.13 3RD PARTY CONTRACTED SERVICES (E&PD) (STP) LA970501 0 \$43,436,858 \$49,064,564

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued	Jul. 01, 2002
	Access Services Inc. (ASI) contracts with several paratransit providers to serve customers in its service regions. These multi-year contracts are for provision of ADA paratransit services in the Northern, Eastern, Southern, and West-Central regions of Los Angeles county, including Santa Clarita and Antelope Valley. In addition, ASI also contracts its eligibility and customer service functions. Six (6) contracts will be extended and/or awarded during FY 2002/03; a remaining five (5) contracts currently in effect will carry over into FY 2002/2003 from FY 2000 & FY 2001. Milestone #1 indicates when RFP was issued, for contracts to be awarded/extended in FY 2002-03.	
2.	Contract Award	Oct. 01, 2002
	Milestone #2 indicates the date when Access Services awarded contract(s) for provision of ADA paratransit service. Contract(s) may be for transportation services, eligibility determination and/or customer service.	
3.	Contract Complete	Jun. 30, 2003
	This milestone indicates ASI's contract expiration date with its transportation provider(s), eligibility and/or customer service provider.	

11.12.15 BUY REPLACEMENT MINIVANS (STP) LA900520 67 \$2,253,974 \$2,546,000

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: London Community Services District	Organizational Unit:
Address (give city, county, State, and zip code): 37835 Kate Road Dinuba, CA 93618	Name and telephone number of person to be contacted on matters involving this application (give area code): James H. Wegley 559/732-7938
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0024119	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">G</div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Remodel of District office.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): London, Tulare County	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date 7/1/02 2/1/02	a. Applicant 20th b. Project 20th
15. ESTIMATED FUNDING:	
a. Federal	\$ 48,750.00
b. Applicant	\$ 16,250.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 65,000.00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 23, 2002	
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Dorothy Castro	b. Title President
c. Telephone Number 559/591-5142	d. Signature of Authorized Representative <i>Dorothy Castro</i>
e. Date Signed 4-24-02	

APPLICATION FOR
FEDERAL ASSISTANCE2. DATE SUBMITTED
April 26, 2002

Applicant Identifier

APR 26 2002

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application

☐ Construction☐ Non-Construction

Preapplication

☒ Construction☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

Walnut Grove Partners, L.P.

Organizational Unit:

Project Development

Address (give city, county, State, and zip code):

250 North Harbor Drive, Suite 319
Redondo Beach, CA 90277
Los Angeles County, CaliforniaName and telephone number of person to be contacted on matters involving
this application (give area code) Frank Fonseca
310-798-5656

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

03-0423287

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify) **Non-Profit Limited Partnership**

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10415

TITLE: Rural Rental Housing Loan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Walnut Grove Senior Apartments

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Clearlake, Lake County, California

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date

1/1/03

Ending Date

11/15/03

a. Applicant

29

b. Project

1

15. ESTIMATED FUNDING:

a. Federal

\$

1,735,500

USDA, HOME, AHP

b. Applicant

\$

3,267,179

LP Investor

c. State

\$

d. Local

\$

e. Other Def. Dev. Fee/
Borrower Contribution

\$

122,821

f. Program Income

\$

g. TOTAL

\$

5,125,500

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Frank Fonseca

b. Title

Manager
Clearlake Developers II, LLC-G.P.

c. Telephone Number

310-798-5656

d. Signature of Authorized Representative

e. Date Signed

4-25-2002

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 23, 2002		Applicant Identifier CMA 00-1	
		3. DATE RECEIVED BY STATE		State Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier NPIAS 3-06-0339-19	

5. APPLICANT INFORMATION					
Legal Name: County of Ventura			Organizational Unit: Department of Airports		
Address (give city, county, state, and zip code): Department of Airports 555 Airport Way, Suite B Camarillo, CA 93010			Name and telephone number of the person to be contacted on matters involving this application (give area code) Scott E. Smith (805) 388-4200		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 6 0 0 0 9 4 4 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">B</div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div>			<div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div>		
If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">C</div> </div>			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration Western Pacific Region		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> </div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport Drainage Improvements (Phase 2), approx. 4,400 LF. Rehabilitate PCC Aprons (approx. 150,000 sq. ft.) & Taxiways (approx. 30,000 sq.ft.) (Phase 2) Taxiway Safety Area Obstruction Removal Design & Engineer Taxiway Lighting Upgrades (Phase 1)		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Ventura County					

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
October 2002	March 2004	23 and 24	24

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 However a copy was sent to the state clearinghouse for review on: April 23, 2002 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 1,012,000.00	
b. Applicant	\$ 61,844.00	
c. State	\$ 50,600.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL \$ 1,124,444.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Scott E. Smith		b. Title Director of Airports
d. Signature of Authorized Representative 		c. Telephone number (805) 388-4200 e. Date Signed April 23, 2002

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4.26.02	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	RECEIVED OMB Approval No. 0348-0043 APR 26 2002 STATE CLEARING HOUSE
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: TEVISTON BETTERMENT ASSOCIATION Address (give city, county, State, and zip code): 12423 AVE 80 PO BOX T TEVISTON, TULARE CO, CA 93256		Organizational Unit: COMMUNITY Name and telephone number of person to be contacted on matters involving this application (give area code): Rachelle Berglund Bailey 651-757-3131 NH8	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0563034		7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non Profit	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA, RURAL HOUSING SERVICES	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: COMMUNITY FACILITIES 10-7166		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CONSTRUCT ADA accessible PAVED parking lot FOR COMMUNITY FACILITY.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): TEVISTON, TULARE CO, CALIF		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: District 20, Calvin Dooley		15. ESTIMATED FUNDING: a. Federal \$ 37,562 b. Applicant \$ 54,420 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 58,823	
16. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		19. IS THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/26/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
20. TYPE NAME OF AUTHORIZED REPRESENTATIVE ALFRED KING		21. TITLE EXECUTIVE BOARD PRES.	
22. SIGNATURE OF AUTHORIZED REPRESENTATIVE Alfred King		23. TELEPHONE NUMBER 651-757-3131 NH8	
24. DATE SIGNED 4.26.02		25. DATE SIGNED 4.26.02	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 26, 2002	Applicant Identifier <div style="border: 1px solid black; padding: 5px; text-align: center;"> STATE CLEARING HOUSE </div>
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002		Federal Identifier APR 26 2002	

5. APPLICANT INFORMATION

Legal Name: Willow Pointe Apartments of Riverbank, Limited Partnership	Organizational Unit: Limited Partnership
Address (give city, county, State, and zip code): Riverbank, Stanislaus County, California, 95367	
Name and telephone number of person to be contacted on matters involving this application (give area code): David J. Cordes (562) 592-1518 FAX (562) 592-2049	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

00 - PENDING

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Limited Partnership</u>
---	---

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10 -- 415

 TITLE: 515

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 New construction of 24 one-bdrm rental units for low to moderate income, 1 two-bdrm on-site manager unit, and an on-site office and laundry.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Riverbank, Stanislaus County, California

13. PROPOSED PROJECT Start Date Ending Date 6-2003 10-2003	14. CONGRESSIONAL DISTRICTS OF: a. Applicant California 45th District b. Project California 18th District
---	--

15. ESTIMATED FUNDING:

a. Federal	USDA-RD Sec 515	\$	1,000,000	00
b. Applicant	(Inc. LIHTC Equity)	\$	512,819	00
c. State	HOME	\$	700,000	00
d. Local		\$		00
e. Other		\$		00
f. Program Income		\$		00
g. TOTAL		\$	2,212,819	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative David J. Cordes, M.D.	b. Title President, Cordes Housing California, Inc., General Partner	c. Telephone Number (562) 592-1518
d. Signature of Authorized Representative 		e. Date Signed April 24, 2002

APPLICATION FOR
FEDERAL ASSISTANCE

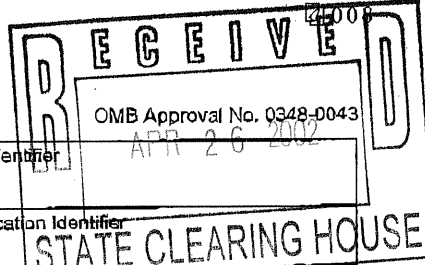
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED April 26, 2002	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002	Federal Identifier
Legal Name: Desert Sunrise Apartments of Heber, Limited Partnership		Organizational Unit: Limited Partnership	
Address (give city, county, State, and zip code): Hwy 86 & Pitzer Road, Census Tract 119 Heber, Imperial County, California 92249		Name and telephone number of person to be contacted on matters involving this application (give area code): David J. Cordes (562) 592-1518 FAX (562) 592-2049	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 00 - PENDING		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Limited Partnership	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 515 10 - 415		9. NAME OF FEDERAL AGENCY: USDA-Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Heber, Imperial County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New construction of 24 rental units for low to moderate income families, including an on-site office and laundry.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9-2003	Ending Date 1-2004	a. Applicant California 52nd District	
15. ESTIMATED FUNDING:		b. Project California 52nd District	
a. Federal USDA-RD Sec 515	\$ 1,000,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant LIHTC Equity	\$ 757,575	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
c. State HOME	\$ 635,000	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other GP-Cap Contrib	\$ 55,000	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 2,447,575		
a. Type Name of Authorized Representative Diahna Garcia-Ruiz		b. Title President, Heber Community Foundation, General Partner	
d. Signature of Authorized Representative		c. Telephone Number (760) 353-0323	
		e. Date Signed 4/22/2002	

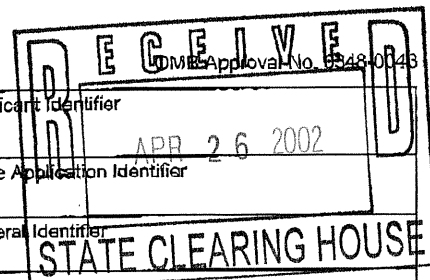
OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 25, 2002	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: WILLITS MENDOCINO ASSOCIATES, A CALIFORNIA		3. DATE RECEIVED BY STATE	State Application Identifier
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653		4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002	Federal Identifier
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] []		Organizational Unit: LIMITED PARTNERSHIP Name and telephone number of person to be contacted on matters involving this application (give area code): Gar-Mar Associates / Attn: Margo 530/823-9250	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Partnership	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [0] - [4] [1] [5] TITLE: Rural Rental Housing Section 515 (RRH-515)		9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Willits, Mendocino County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GATEWAY VILLAGE - Affordable rental housing apartment project - 64 total units consisting of 26 2-bdrm, 32 3-bdrm, & 6 4-bdrm units to be built on 5.59 acres on the corner of Margie Court just off Monica Lane in Willits, Mendocino County, California.	
13. PROPOSED PROJECT Start Date: 9/1/02 Ending Date: 5/1/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District #1 b. Project District #1	
15. ESTIMATED FUNDING: a. Federal \$ 500,000 ⁰⁰ b. Applicant \$ 131,579 ⁰⁰ c. State \$ ⁰⁰ d. Local \$ 1,000,000 ⁰⁰ e. Other \$ 1,000,000 ⁰⁰ f. Program Income \$ ⁰⁰ g. TOTAL \$ 2,631,579 ⁰⁰		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC		b. Title General Partner	
c. Telephone Number (208) 461-0022		d. Signature of Authorized Representative	
e. Date Signed 4-25-02			

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 25, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	STATE CLEARING HOUSE
4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: UKIAH SUMMERCREEK ASSOCIATES, A CALIFORNIA		Organizational Unit: LIMITED PARTNERSHIP	
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653		Name and telephone number of person to be contacted on matters involving this application (give area code): Gar-Mar Associates / Attn: Margo 530/823-9250	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Partnership</u> </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [0] - [4] [1] [5] TITLE: Rural Rental Housing Section 515 (RRH-515)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SUMMERCREEK VILLAGE - Affordable rental housing apartment project - 64 total units consisting of 24 2-bdrm, 32 3-bdrm, & 8 4-bdrm units to be built on 4.7 acres located at 735 Porzio Lane in Ukiah, Mendocino County, California.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ukiah, Mendocino County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/1/92	Ending Date 5/1/93	a. Applicant District #1	b. Project District #1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 500,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 138,421 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____ ⁰⁰		
d. Local	\$ 1,000,000 ⁰⁰		
e. Other	\$ 1,130,000 ⁰⁰		
f. Program Income	\$ _____ ⁰⁰		
g. TOTAL	\$ 2,768,421 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC		b. Title General Partner	c. Telephone Number (208) 461-0022
d. Signature of Authorized Representative 		e. Date Signed 4-25-02	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 25, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002	Federal Identifier
STATE CLEARING HOUSE			
5. APPLICANT INFORMATION			
Legal Name: LAKE TERRACE ASSOCIATES, A CALIFORNIA		Organizational Unit: LIMITED PARTNERSHIP	
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653		Name and telephone number of person to be contacted on matters involving this application (give area code) Gar-Mar Associates / Attn: Margo 530/823-9250	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□ - □□□□□□□□		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px;">N</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Partnership</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">1 0 - 4 1 5</div> TITLE: Rural Rental Housing Section 515 (RRH-515)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LAKE TERRACE APARTMENTS - Affordable rental housing apartment project - 60 total units consisting of 24 2-bdrm, 28 3-bdrm, & 8 4-bdrm units to be built on 6.1 acres at 7055 Old Highway 53 in Clearlake, Lake County, California.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Clearlake, Lake County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/1/02	Ending Date 5/1/03	a. Applicant District #1	
		b. Project District #1	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 500,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 119,737 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ 1,000,000 ⁰⁰		
e. Other	\$ 775,000 ⁰⁰		
f. Program Income	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 2,394,737 ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC		b. Title General Partner	c. Telephone Number (208) 461-0022
d. Signature of Authorized Representative 		e. Date Signed 4-25-02	

Previous Edition Usable

Authorized for Local Reproduction

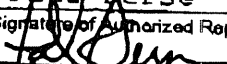
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 25, 2002	OMB Approval No. 0348-0043 RECEIVED Applicant Identifier State Application Identifier 2002 Federal Identifier
5. APPLICANT INFORMATION Legal Name: ARCATA HUMBOLDT ASSOCIATES, A CALIFORNIA		3. DATE RECEIVED BY STATE	4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002
Address (give city, county, State, and Zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653		Organizational Unit: LIMITED PARTNERSHIP	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] []		Name and telephone number of person to be contacted on matters involving this application (give area code): Gar-Mar Associates / Attn: Margo 530/823-9250	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Partnership</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [0] - [4] [1] [5] TITLE: Rural Rental Housing Section 515 (RRH-515)		9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arcata, Humboldt County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: THE COURTYARDS AT ARCATA - Affordable rental housing apartment project - 64 total units consisting of 8 1-bdrm, 16 2-bdrm, 32 3-bdrm, & 8 4-bdrm units to be built on 5.69 acres At 1101 Guintoli Lane in Arcata, Humboldt County, California.	
13. PROPOSED PROJECT Start Date: 9/1/02 Ending Date: 5/1/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District #1 b. Project: District #1	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 500,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 91,053	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 350,000		
e. Other	\$ 880,000		
f. Program Income	\$		
g. TOTAL	\$ 1,821,053	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC		b. Title General Partner	
c. Telephone Number (208) 461-0022		d. Date Signed 4-25-02	
d. Signature of Authorized Representative			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/19/02		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;"> RECEIVED </div>	
		3. DATE RECEIVED BY STATE			Applicant Identifier State Application Identifier APR 25 2002
		4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier
5. APPLICANT INFORMATION					
Legal Name: County of Ventura			Organizational Unit: STATE CLEARING HOUSE County Executive Office		
Address (give city, county, State, and zip code): County of Ventura, County Exec. Office 800 S. Victoria Avenue L#1940 Ventura, CA 93009			Name and telephone number of person to be contacted on matters involving this application (give area code) Paul Derse (805) 662-6792		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin-left: auto;">B</div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Facilities 10-766 TITLE: Direct Loan Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oak View School Acquisition & Improvement		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Oak View Ventura County, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 12/02	Ending Date 12/03	a. Applicant 23rd & 24th		b. Project 24th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 1,300,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/25/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$.00				
c. State	\$.00				
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 1,300,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Paul Derse		b. Title Deputy Exec. Officer		c. Telephone Number (805) 662-6792	
d. Signature of Authorized Representative 				e. Date Signed 4/25/02	

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

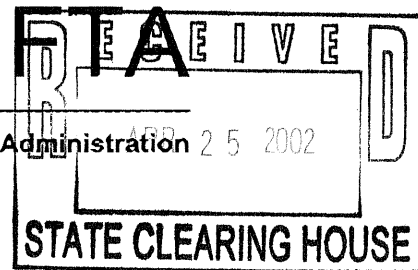
1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 4/26/02		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 25 2002 STATE CLEARING HOUSE </div>	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE			
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY			
5. APPLICANT INFORMATION					
Legal Name: CITY OF SANTA CLARA			Organizational Unit: WATER AND SEWER UTILITIES		
Address (give city, county, State, and zip code): 1500 WARBURTON AVENUE SANTA CLARA, SANTA CLARA COUNTY, CA 95050			Name and telephone number of person to be contacted on matters involving this application (give area code): CHRIS deGroot (408) 615-2014		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000426			7. TYPE OF APPLICANT: (enter appropriate letter in box)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Security Planning Grants <input type="checkbox"/> - <input type="checkbox"/> TITLE: for Large Drinking Water Utilities			9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Clara, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Vulnerability Assessment and Emergency Operating Plan Review for City of Santa Clara Water Utility		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 6/1/02	Ending Date 12/31/03	a. Applicant 14th-Anna Eshoo 15th-Mike Honda		b. Project 14th-Anna Eshoo 15th-Mike Honda	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 115,000.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$.00	DATE 4/26/02			
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 115,000.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Jennifer Sparacino		b. Title City Manager		c. Telephone Number (408) 615-2210	
d. Signature of Authorized Representative Jennifer Sparacino				e. Date Signed 4/25/02	

DOT



U.S. Department of Transportation

Federal Transit Administration



Application for Federal Assistance

Recipient ID:	1675
Recipient Name:	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT
Project ID:	CA-90-Y213
Budget Number:	1 - Budget Pending Approval
Project Information:	FY2002 Operating Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y213
Recipient ID:	1675
Recipient Name:	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT
Address:	370 ENCINAL ST SUITE 100, SANTA CRUZ, CA 95060 0000
Telephone:	(831) 426-6080
Facsimile:	(831) 426-6117

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$30,849,000
Project Number:	CA-90-Y213	Adjustment Amt:	\$0
Project Description:	FY2002 Operating Assistance	Total Eligible Cost:	\$30,849,000
Recipient Type:	Transit Authority	Total FTA Amt:	\$1,229,934
FTA Project Mgr:	Page, Paul	Total State Amt:	\$0
Recipient Contact:	Thomas Hiltner	Total Local Amt:	\$29,619,066
New/Amendment:	New	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	20205	Special Condition:	None
Sec. of Statute:	8307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2002 - Jun. 30, 2003	Est. Oblig Date:	None Specified
Recvd. By State:			

EO 12372 Rev:	Not Applicable	Pre-Award Authority?:	Yes
Review Date:	None Specified	Fed. Debt Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan):	Apr. 10, 2002		
Program Page:	CTIPS p. 55		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
62270	SANTA CRUZ, CA

Congressional Districts

State ID	District Code	District Official
6	17	Sam Farr

Project Details

FY 2002 OPERATING ASSISTANCE FOR SCMTD: This grant application requests funds for one project, FY 2002 Operating Assistance.

1. OPERATING ASSISTANCE (5307-2002): This project provides funds to assist public transit operation in the urbanized areas of Santa Cruz and Watsonville from July 1, 2001 through June 30, 2002.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
300-00 OPERATING ASSISTANCE	0	\$1,229,934	\$30,849,000
<u>ACTIVITY</u>			
30.09.00 OPERATING ASSISTANCE - 50% (USE FPC 04)	0	\$1,229,934	\$30,849,000
Estimated Total Eligible Cost:			\$30,849,000

Federal Share:		\$1,229,934
Local Share:		\$29,619,066

No Amendment Funding Source information is available for the selected project

Extended Budget Descriptions

30.09.00	OPERATING ASSISTANCE - 50% (USE FPC 04)	0	\$1,229,934	\$30,849,000
FY 2002 Operating Assistance from FTA5307. Santa Cruz/Watsonville UZAs, 7/1/2001-6/30/2002				

Part 4. Milestones

30.09.00 OPERATING ASSISTANCE - 50% (USE FPC 04) 0 \$1,229,934 \$30,849,000

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	Operate fixed-route Transit	Jun. 30, 2002
	Operate urbanized area, fixed-route public transit service from 7/1/2001 through 6/30/2002 in Santa Cruz County.	
2.	Final Expenditure	Sep. 30, 2002
	Operate public transit service in the urbanized area of Santa Cruz and Watsonville from 7/1/2001 through 6/30/2002. Invoice reimbursement of FTA share by 9/30/2002.	

Part 5. Environmental Findings

300900 OPERATING ASSISTANCE - 50% (USE FPC 04) 0 \$1,229,934 \$30,849,000

Finding No. 1 - Class II(c)

C16 - Program Admin. & Operating Assistance

Program administration, technical assistance activities, and operating assistance to transit authorities to continue existing service or increase service to meet routine changes in demand.

Part 6: Fleet Status

Fixed Route

--	--	--	--	--

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> <div style="width:45%;"> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>		2. Date Submitted (mm/dd/yyyy) / / 3. Date Received by State (mm/dd/yyyy) / / 4. Date Received by Federal Agency (mm/dd/yyyy) / /		Applicant Identifier <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 23 2002 STATE CLEARING HOUSE </div>																													
5. Applicant Information Legal Name Poplar Chamber of Commerce		Organizational Unit Address (give city, county, State, and zip code) P.O. Box 3386 Poplar, CA 93258 Tulare County		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mike Clark (559) 784-5486																													
6. Employer Identification Number (EIN) (xx-yyy-yy-yy) <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 7 7 - 0 5 1 4 0 9 3 </div>		7. Type of Applicant (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px 10px; font-weight: bold;">N</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning </div> <div style="width: 50%;"> J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) </div> </div>																															
B. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. Name of Federal Agency Rural Housing Service																															
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: Community Facilities Grants		11. Descriptive Title of Applicant's Project Renovation of the community building in Poplar																															
12. Areas Affected by Project (cities, counties, States, etc.) Poplar, Tulare County, CA		13. Proposed Project <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Start Date (mm/dd/yyyy)</td> <td style="width:30%;">Ending Date (mm/dd/yyyy)</td> <td style="width:40%;">14. Congressional Districts of</td> </tr> <tr> <td>02/01/2002</td> <td>10/31/2002</td> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Applicant</td> <td style="width:50%;">b. Project</td> </tr> <tr> <td>21st</td> <td>21st</td> </tr> </table> </td> </tr> </table>				Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	14. Congressional Districts of	02/01/2002	10/31/2002	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Applicant</td> <td style="width:50%;">b. Project</td> </tr> <tr> <td>21st</td> <td>21st</td> </tr> </table>	a. Applicant	b. Project	21st	21st																		
Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	14. Congressional Districts of																															
02/01/2002	10/31/2002	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Applicant</td> <td style="width:50%;">b. Project</td> </tr> <tr> <td>21st</td> <td>21st</td> </tr> </table>	a. Applicant	b. Project	21st	21st																											
a. Applicant	b. Project																																
21st	21st																																
15. Estimated Funding <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">a. Federal</td> <td style="width:15%;">\$</td> <td style="width:15%; text-align: right;">20,000</td> <td style="width:15%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">5,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">40,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td style="text-align: right;">65,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	20,000	.00	b. Applicant	\$	5,000	.00	c. State	\$	40,000	.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$	65,000	.00	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 04/19/2002 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.			
a. Federal	\$	20,000	.00																														
b. Applicant	\$	5,000	.00																														
c. State	\$	40,000	.00																														
d. Local	\$.00																														
e. Other	\$.00																														
f. Program Income	\$.00																														
g. Total	\$	65,000	.00																														
17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No		18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.																															
a. Typed Name of Authorized Representative Michael D. Clark		b. Title President		c. Telephone Number (include Area Code) (559) 784 - 5486																													
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 4/22/02		Previous Edition Usable Authorized for Local Reproduction																													

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier Tulare County Fire Dept.
3. DATE RECEIVED BY STATE 		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Tulare County	Organizational Unit: Fire Department
Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292	Name and telephone number of person to be contacted on matters involving this application (give area code): Lisa Marrone (559) 732-5954

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 6000545

7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ A. State
☐ B. County
☐ C. Municipal
☐ D. Township
☐ E. Interstate
☐ F. Intermunicipal
☐ G. Special District

☐ H. Independent School Dist.
☐ I. State Controlled Institution of Higher Learning
☐ J. Private University
☐ K. Indian Tribe
☐ L. Individual
☐ M. Profit Organization
☐ N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 USDA United States Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10 - 766

TITLE: Community Facilities Loans and Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 S.P.A.C.E.
 Safety, Plumbing, Access, and
 Conservation of Energy

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Tulare County communities of Pixley,
 Terra Bella, Tipton, Woodville, and Cutler.

13. PROPOSED PROJECT

Start Date	Ending Date	a. Applicant
10-1-02	9-30-03	District 20

14. CONGRESSIONAL DISTRICTS OF:

b. Project	District 20
------------	-------------

15. ESTIMATED FUNDING:

a. Federal	\$	50,638	.00
b. Applicant	\$	16,912	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	67,650	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 4-15-02
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

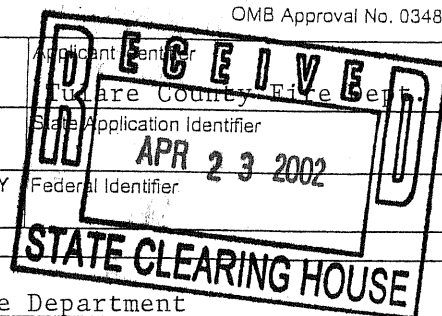
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative David Hillman	b. Title Chief	c. Telephone Number (559) 732-5954
d. Signature of Authorized Representative 		e. Date Signed 4/18/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier Tulare County Fire Dept.
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Tulare County		Organizational Unit: Fire Department	
Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292		Name and telephone number of person to be contacted on matters involving this application (give area code) Lisa Marrone (559) 732-5954	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6000545		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>A. Increase Award B. Decrease Award C. Increase Duration</div> <div>D. Decrease Duration Other(specify): _____</div> </div>		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766 TITLE: Community Facilities Loans and Grants			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County communities of Pixley, Terra Bella, Tipton, Woodville, and Cutler.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: S.P.A.C.E. Safety, Plumbing, Access, and Conservation of Energy	
13. PROPOSED PROJECT			
Start Date 10-1-02	Ending Date 9-30-03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 20 b. Project District 20	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,638 ⁰⁰	a. <input checked="" type="radio"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-15-02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 16,912 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 67,650 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative David Hillman		b. Title Chief	
d. Signature of Authorized Representative 		c. Telephone Number (559) 732-5954 e. Date Signed 4/18/02	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	3. DATE RECEIVED BY STATE	4. DATE RECEIVED BY FEDERAL AGENCY																					
5. APPLICANT INFORMATION Legal Name: Tulare County Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292		Organizational Unit: Fire Department Name and telephone number of person to be contacted on matters involving this application (give area code): Lisa Marrone (559) 732-5954																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000545		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ <input checked="" type="checkbox"/> B																							
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: S.P.A.C.E. Safety, Plumbing, Access, and Conservation of Energy																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County communities of Pixley, Terra Bella, Tipton, Woodville, and Cutler.																									
13. PROPOSED PROJECT Start Date 10-1-02 Ending Date 9-30-03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 20 b. Project District 20																							
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>50,638⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>16,912⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>67,650⁰⁰</td> </tr> </table>		a. Federal	\$	50,638 ⁰⁰	b. Applicant	\$	16,912 ⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	67,650 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="radio"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-15-02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	50,638 ⁰⁰																							
b. Applicant	\$	16,912 ⁰⁰																							
c. State	\$	⁰⁰																							
d. Local	\$	⁰⁰																							
e. Other	\$	⁰⁰																							
f. Program Income	\$	⁰⁰																							
g. TOTAL	\$	67,650 ⁰⁰																							
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																									
a. Type Name of Authorized Representative David Hillman		b. Title Chief		c. Telephone Number (559) 732-5954																					
d. Signature of Authorized Representative 		e. Date Signed 4/18/02																							

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/>		2. DATE SUBMITTED 4/16/02	Applicant Identifier [RECEIVED]
3. DATE RECEIVED BY STATE		State Application Identifier [RECEIVED]	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier [RECEIVED]	
5. APPLICANT INFORMATION			
Legal Name: Address (give city, county, state, and zip code): PO BOX 413 UKIAH, CA 95482		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): LINDA MCQUEEN (707) 463-0303	
6. EMPLOYER IDENTIFICATION (EIN): 9 4 - 2 7 9 7 2 8 0		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) 501(c)3 <input type="checkbox"/> NON-PROFIT CORPORATION (CBO)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 4 3 3 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LAKE / MENDOCINO REHAB ASSISTANCE - PROJECT 15	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) LAKE AND MENDOCINO COUNTIES STATE OF CALIFORNIA		13. PROPOSED PROJECT	
Start Date 9/1/2002	Ending Date 8/31/2002	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/16/02	
b. Applicant	\$ 100,000 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
f. Program Income	\$.00		
g. Total	\$ 200,000 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative LINDA MCQUEEN		b. Title EXECUTIVE DIRECTOR	
c. Telephone Number (707) 463-0303		d. Signature of Authorized Representative [Signature]	
e. Date Signed 4/16/02			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/19/02	Applicant Identifier <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 22 2002 </div>
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: City of Selma		Organizational Unit: Fire Department	
Address (give city, county, State, and zip code): 1710 Tucker Street Selma, CA 93662 Fresno County		Name and telephone number of person to be contacted on matters involving this application (give area code) Roseann Galvan 559/896-1064	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000431		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE Economic Impact Initiative Grant Funds		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Department has radios that are not made anymore. Parts are not available for repairs. When the radios do not operate properly, firefighter safety is at risk.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Selma, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 6/1/02	Ending Date	a. Applicant 20th	b. Project 20th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,500.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/19/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 7,500.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 10,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative D-B Heusser		b. Title City Manager	c. Telephone Number 559/896-8134
d. Signature of Authorized Representative		e. Date Signed 4/19/02	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier Tulare County Fire Department																												
		3. DATE RECEIVED BY STATE 	State Application Identifier 																												
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 																													
5. APPLICANT INFORMATION Legal Name: Tulare County Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292 Organizational Unit: Fire Department Name and telephone number of person to be contacted on matters involving this application (give area code): Lisa Marrone (559) 732-5954																															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6000545		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">B</div>																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> RECEIVED APR 22 2002 STATE CLEARING HOUSE </div>		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766 TITLE: Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WaterS.H.E.D. Water Safe and Healthy for Employees to Drink																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Dinuba rural, Tulare County																															
13. PROPOSED PROJECT Start Date: 10-1-02 Ending Date: 9-30-03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 20 b. Project: District 20																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>5,775</td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>10,725</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>16,500</td> <td>00</td> </tr> </table>		a. Federal	\$	5,775	00	b. Applicant	\$	10,725	00	c. State	\$		00	d. Local	\$		00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	16,500	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-15-2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	5,775	00																												
b. Applicant	\$	10,725	00																												
c. State	\$		00																												
d. Local	\$		00																												
e. Other	\$		00																												
f. Program Income	\$		00																												
g. TOTAL	\$	16,500	00																												
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative David Hillman		b. Title Chief																													
c. Telephone Number (559) 732-5854		e. Date Signed 4/18/02																													
d. Signature of Authorized Representative 																															

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier Tulare County Fire Department
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Tulare County		Organizational Unit: Fire Department
Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292		Name and telephone number of person to be contacted on matters involving this application (give area code) Lisa Marrone (559) 732-5954

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94 — 6000545 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> </div>
--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div>	9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 — 766 </div> TITLE: Community Facilities Loans and Grants	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WaterS.H.E.D. Water Safe and Healthy for Employees to Drink
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Dinuba rural, Tulare County	13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
---	-----------------------------	--

Start Date 10-1-02	Ending Date 9-30-03	a. Applicant District 20	b. Project District 20
-----------------------	------------------------	-----------------------------	---------------------------

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-15-2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative David Hillman	b. Title Chief	c. Telephone Number (559) 732-5854
d. Signature of Authorized Representative 		e. Date Signed 4/18/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier Tulare County Fire Department
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Tulare County		Organizational Unit: Fire Department	
Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292		Name and telephone number of person to be contacted on matters involving this application (give area code) Lisa Marrone (559) 732-5954	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000545		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px;">10-766</div> TITLE: Community Facilities Loans and Grants			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Dinuba rural, Tulare County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WaterS.H.E.D. Water Safe and Healthy for Employees to Drink	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10-1-02	Ending Date 9-30-03	a. Applicant District 20	b. Project District 20
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,775.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-15-2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 10,725.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 16,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative David Hillman		b. Title Chief	c. Telephone Number (559) 732-5854
d. Signature of Authorized Representative 		e. Date Signed 4/18/02	

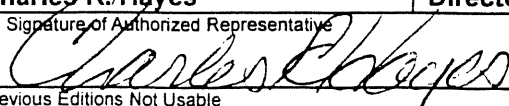
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier FYI 2002 Entitlement
3. DATE RECEIVED BY STATE		State Application Identifier RCH #05-2002-002 APPROVED 3/28/02	
4. DATE RECEIVED BY AGENCY		Federal Identifier 028	
5. APPLICANT INFORMATION			
Legal Name: City of Fresno		Organizational Unit: Department of Transportation – Airports	
Address (give city, county, state and zip code): 4995 East Clinton Way Fresno, CA 93727		Name and telephone of the person to be contacted on matters involving this application (give area code) Dan Card, Airports Development Manager 559-621-4513	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 3 3 8		7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. 2 0 - 1 0 6 TITLE: Airport Improvement Program (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct Terminal/Concourse and Airside/Landside Improvements, Complete Airport Master Plan, Complete North Air Cargo (Phase 2).	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa			
13. PROPOSED PROJECT Start Date: 10/2002 Ending Date: 9/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18 th b. Project 18 th	
15. ESTIMATED FUNDING: a. Federal 3,497,295 b. Applicant 388,588 c. State d. Local e. Other f. Program Income g. TOTAL 3,885,883		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE January 23, 2002 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PRE-APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative Charles R. Hayes		b. Title Director of Transportation	c. Telephone 559-621-4600
d. Signature of Authorized Representative <i>Charles R. Hayes</i>		e. Date Signed Jan 22, 2002	

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier AIP 3-06-0087-FFY2002	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier RCH # 05-2002-002 APPROVED 3/28/02	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 03	
Legal Name: City of Fresno		Organizational Unit: Department of Transportation - Airports			
Address (give city, county, state, and zip code) 4995 E. Clinton Way Fresno, CA 93727-1525		Name and telephone number of the person to be contracted on matters involving this application (give area code) Randal Scot Sheldon, Acoustic Program Coordinator 559-621-4532 fax (559) 498-5549			
EMPLOYER IDENTIFICATION NUMBER (EIN): 00-0000000		7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		9. NAME OF FEDERAL AGENCY Federal Aviation Administration			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 . 1 0 6 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Yosemite International Airport FAR PART150 Noise Compatibility Program, Acoustically Treat Residences in the 65-75 CNEL contours of the NEM and acquire properties in the 70 and higher CNEL contours. Update Part 150 Noise Compatibility Program and Noise Exposure Map.			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa.					
13. PROPOSED PROJECT Start Date 10/2002 Ending Date 9/2006		14. CONGRESSIONAL DISTRICTS OF a. Applicant 18th b. Project 18th			
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 2,750,000 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$ 305,556 .00	DATE: January 23, 2002			
c. State	\$.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program income	\$.00	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 3,055,556 .00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative Charles R. Hayes		b. Title Director of Transportation		c. Telephone number 559 621-4600	
d. Signature of Authorized Representative 				e. Date Signed January 23, 2002	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> <div style="width: 45%;"> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY AGENCY		Applicant Identifier FYI 2002 Discretionary State Application Identifier RA# 06-2002-002 Federal Identifier		APPROVED 3/28/02 RCH #304	
5. APPLICANT INFORMATION Legal Name: City of Fresno Address (give city, county, state and zip code): 4995 East Clinton Way Fresno, CA 93727				Organizational Unit: Department of Transportation – Airports Name and telephone of the person to be contacted on matters involving this application (give area code) Dan Card, Airports Development Manager 559-621-4513			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">8</div> </div>				7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 5px;">C</div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify):</div> </div>			
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):				9. NAME OF FEDERAL AGENCY: Federal Aviation Administration			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> </div> TITLE: Airport Improvement Program (AIP)				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design and Construct North Air Cargo (Phase 2), Upgrade Access Control System, Purchase Fingerprint Equipment, Provide for Additional Security Officers, Purchase Two (2) Security Vehicles, Design of Terminal/Baggage Claim, Rehabilitate Runway 11L-29R (Phase 2), Complete Airport Environmental Master Plan, Develop Airport Master Drainage Plan, Install and Upgrade Airfield Signage, Install Guidance Lighting for SMGCS operations,			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa							
13. PROPOSED PROJECT Start Date 10/2002		Ending Date 9/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal <div style="text-align: right;">18,057,000</div>		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE January 23, 2002					
b. Applicant <div style="text-align: right;">2,006,333</div>		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
c. State		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No					
d. Local							
e. Other							
f. Program Income							
g. TOTAL <div style="text-align: right;">20,063,333</div>							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PRE-APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED							
a. Typed Name of Authorized Representative Charles R. Hayes				b. Title Director of Transportation		c. Telephone 559-621-4600	
d. Signature of Authorized Representative 				e. Date Signed Jan 22, 2002			

Previous Editions Not Usable

Authorized for Local Reproduction

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

Application

Preapplication

☐ Construction
☐ Non-Construction

☒ Construction
☐ Non-Construction

2. DATE SUBMITTED

Applicant Identifier

RCH #05-2002-003

3. DATE RECEIVED BY STATE

State Application Identifier

APPROVED 3/28/02

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

RCH #304

5. APPLICANT INFORMATION

Legal Name: Southwest Transportation Agency

Organizational Unit: Joint Powers Authority

Address (give city, county, state, and zip code):

20900 Hazel Ave.
Fresno County
Riverdale, Ca. 93656

Name and telephone number of person to be contacted on matters involving this application (give area code):

Kirk Hunter, Director
559/867-3536

6. EMPLOYER IDENTIFICATION (EIN):

9 4 - 6 0 0 2 2 1 0

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

APR 22 2002

STATE CLEARING HOUSE

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify)

N

Joint Powers Authority

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 6

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Advanced Transportation
Technology Training Center

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Fresno County (see map)

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date
4/02

Ending Date
12/03

a. Applicant
20

b. Project
20

15. ESTIMATED FUNDING

a. Federal	\$	3,000,000	.00
b. Applicant	\$	1,000,000	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. Total	\$		.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
Kirk Hunter

b. Title
Director

c. Telephone Number
559/867-3536

d. Signature of Authorized Representative

e. Date Signed

2/8/02

APPLICATION FOR FEDERAL ASSISTANCE

03-02-2002

State Attorney & Research Team, Inc.

1. DATE OF SUBMISSION
a. Construction ☐ b. Non-Construction ☒
2. DATE RECEIVED BY STATE ☐ 3. DATE RECEIVED BY FEDERAL AGENCY ☐
4. FEDERAL IDENTIFIER 94-6001344-C

RGH #26-2002-004
APPROVED 3/28/02

2. APPLICANT INFORMATION

a. Legal Name: P.O. Box 942874 MS-32
Sacramento, CA 94274-0001
Sacramento County
b. Organizational Unit: Division of Transportation Planning
c. Name and telephone number of the person to be contacted on matters involving this application (give area code): Sharon Scherzinger, Chief (916) 653-3362
Office of Regional and Interagency Planning
Division of Transportation Planning

3. EMPLOYER IDENTIFICATION NUMBER (EIN)

9 4 - 6 0 0 1 3 4 7

4. TYPE OF APPLICATION

☐ New ☒ Continuation ☐ Revision

5. Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

6. TYPE OF APPLICANT (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District
H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):

7. NAME OF FEDERAL AGENCY

Department of Transportation
Federal Transit Administration, Region IX

8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 5 0 5

9. TITLE: Federal Transit Technical Studies
Grants - Metro Planning

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

FY 2002/2003 49 USC, Chapter 53 Section 5303-5306
Metropolitan Planning Grant \$9,489,958.
FY 2002/2003 49 USC, Chapter 53 Section 5313(b)
State Planning & Research Grant Program
\$1,772,769

11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

State of California

12. PROPOSED PROJECT

a. Start Date: 07/02/02
b. Ending Date: 06/30/03

13. CONGRESSIONAL DISTRICTS OF

a. Applicant: Statewide

b. Project

Statewide

14. ESTIMATED FUNDING

a. Federal	\$	11,262,727	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$	1,459,206	.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	12,721,933	.00

15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE 03-02-2002

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE EXECUTIVE ORDER

RECEIVED
APR 22 2002
STATE CLEARING HOUSE

16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation

☒ No

17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative: Sharon Scherzinger

b. Title: Office Chief

c. Telephone number: (916) 653-3362

d. Signature of Authorized Representative: Sharon Scherzinger

e. Date Signed: 2/28/02

APPLICATION FOR FEDERAL ASSISTANCE

DATE SUBMITTED
03-11-2002

DATE RECEIVED BY STATE
03-11-2002

TYPE OF SUBMISSION

☐ Construction

☒ Non-Construction

Pre-application

☐ Construction

☐ Non-Construction

DATE RECEIVED BY STATE

State Application Identifier

94-600134C

DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

7CH#05-2002-004
APPROVED 3/28/02

5. APPLICANT INFORMATION

Legal Name
California Department of Transportation

Organizational Unit
Division of Transportation Planning

Address (give city, county, state, and zip code)

P.O. Box 942574, MS-32
Sacramento, CA 94274-0001
Sacramento County

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Sharon Scherzinger, Chief (916) 653-3362
Office of Regional and Interagency Planning
Division of Transportation Planning

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

94-6001347

8. TYPE OF APPLICATION

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (specify)

7. TYPE OF APPLICANT (enter appropriate letter in box)

A State H Independent School Dist
B County I State Controlled Institution of Higher Learning
C Municipal J Private University
D Township K Indian Tribe
E Interstate L Individual
F Intermunicipal M Profit Organization
G Special District N Other (Specify)

9. NAME OF FEDERAL AGENCY

Department of Transportation
Federal Highway Administration, Region IX.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

20-205

TITLE:
Highway Planning-MPO & State Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

FY 2002/03 Federal Planning Funds and
and Local Match \$33,936,806

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

State of California

13. PROPOSED PROJECT

Start Date Ending Date
07/01/02 06/30/03

14. CONGRESSIONAL DISTRICTS OF

a Applicant
Statewide

b Project
Statewide

15. ESTIMATED FUNDING

a Federal	\$ 30,044,254	.00
b Applicant	\$	.00
c State	\$	.00
d Local	\$ 3,892,552	.00
e Other	\$	.00
f Program Income	\$	.00
g TOTAL	\$ 33,936,806	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 AND PROCESS

a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE 03-02-2002

b NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative

Sharon Scherzinger

b Title

Office Chief

c Telephone number

(916) 653-3362


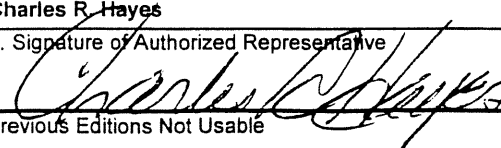
d Signature of Authorized Representative

Sharon Scherzinger

e Date Signed

2/28/02

APPLICATION FOR FEDERAL ASSISTANCE

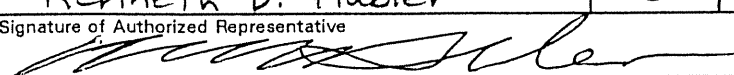
1. TYPE OF SUBMISSION <i>Application</i> <i>Preapplication</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier AIP 3-06-0088-07															
		3. DATE RECEIVED BY STATE	State Application Identifier 244 05-2002-001 APPROVED 3/28/02															
		4. DATE RECEIVED BY AGENCY	Federal Identifier 08  RCH 7-004															
5. APPLICANT INFORMATION Legal Name: _____ City of Fresno Address (give city, county, state and zip code): 4995 East Clinton Way Fresno, CA 93727																		
Organizational Unit: Department of Transportation – Airports		Name and telephone of the person to be contacted on matters involving this application (give area code) Dan Card, Airports Development Manager 559-621-4513																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 22 2002 STATE CLEARING HOUSE </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">C</div>																
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____																
9. NAME OF FEDERAL AGENCY: Federal Aviation Administration																		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 1 0 6 </div> TITLE: Airport Improvement Program (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Chandler Downtown Airport Runway 12R/30L Extension; Rehabilitation of Taxiway "A", Airfield Drainage Improvements, Security Improvements																
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa																		
13. PROPOSED PROJECT Start Date Ending Date 10/2002 9/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project 18th 18th																
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td style="text-align: right;">1,425,030</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">50,420</td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">41,250</td> </tr> <tr> <td>d. Local</td> <td></td> </tr> <tr> <td>e. Other</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">1,516,700</td> </tr> </table>		a. Federal	1,425,030	b. Applicant	50,420	c. State	41,250	d. Local		e. Other		f. Program Income		g. TOTAL	1,516,700	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON : DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	1,425,030																	
b. Applicant	50,420																	
c. State	41,250																	
d. Local																		
e. Other																		
f. Program Income																		
g. TOTAL	1,516,700																	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PRE-APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																		
a. Typed Name of Authorized Representative Charles R. Hayes		b. Title Director of Transportation		c. Telephone 559-621-4600														
d. Signature of Authorized Representative 				e. Date Signed Jan 22, 2002														

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>4/19/02</u>	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY <u>4/19/02</u>	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Address (give city, county, state, and zip code): <u>City of Parlier</u> <u>1100 E. Parlier Ave.</u> <u>Parlier, CA 93648</u>		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Kenneth D. Hubler</u> <u>559-646</u>	
6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">94 - 6000390</div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) C <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="border: 2px solid black; padding: 5px; margin-top: 10px; text-align: center;"> RECEIVED APR 22 2002 </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">STATE CLEARING HOUSE</div>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 - 766</div> TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Fire Department Equipment Purchase</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <u>City of Parlier</u>			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date <u>7/1/02</u>	Ending Date <u>6/30/03</u>	a. Applicant <u>20th District - Calvin Dooley</u>	
		b. Project <u>20th District - Calvin Dooley</u>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>30,250</u> .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>4/19/02</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>24,750</u> .00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. Total	\$ <u>55,000</u> .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <u>Kenneth D. Hubler</u>		b. Title <u>City Manager</u>	c. Telephone Number <u>559-646-3545</u>
d. Signature of Authorized Representative 		e. Date Signed <u>4/18/02</u>	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Coachella Valley Housing Coalition			Organizational Unit:		
Address (give city, county, State, and zip code): 45-701 Monroe Street, Suite G Indio, CA 92201			Name and telephone number of person to be contacted on matters involving this application (give area code) John F. Mealey (760) 347-3157		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 3 8 1 4 8 9 8 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; float: right;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit developer</u> </div> </div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA/Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 4 1 1 </div> TITLE: <u>Rural Self-Help Technical Assistance</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Self-Help housing program-CVHC will recruit and provide technical assistance to 200 low and very low income families to build their own modest, but decent, safe and sanitary housing using the Mutual Self-Help method.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County, CA; San Bernardino County, CA; Imperial County, CA					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 08/01/02	Ending Date 07/31/04	a. Applicant		b. Project	APR 22 2002
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$ 2,800,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
b. Applicant	\$				
c. State	\$ 140,000				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 2,940,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative John F. Mealey		b. Title Executive Director		c. Telephone Number (760) 347-3157	
d. Signature of Authorized Representative				e. Date Signed 4-19-02	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED March 2002		Applicant Identifier <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 19 2002 </div>																													
1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 		4. DATE RECEIVED BY FEDERAL AGENCY 																													
5. APPLICANT INFORMATION Legal Name: City of Redding, California				Organizational Unit: Redding Municipal Airport STATE CLEARING HOUSE																													
Address (give city, county, state, and zip code) 777 Cypress Avenue Redding, CA 96001 Shasta County				Name and telephone number of the person to be contracted on matters involving this application (give area code) Mr. Rod A. Dinger, Airports Manager (530) 224-4321																													
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div>				7. TYPE OF APPLICANT: (enter appropriate letter in box) C <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div>																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">C</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A Increase Award D Decrease Duration</div> <div>B Decrease Award Other (specify)</div> <div>C Increase Duration</div> </div>				9. NAME OF FEDERAL AGENCY Federal Aviation Administration																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">.</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> </div> TITLE: Airport Improvement Program (AIP)				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. Reconstruct Runway 12-30, Phase I 2. Construct ARFF Facility, Phase I 3. Operational Security Costs 4. Emergency Communication System Upgrade 5. Security Cameras and Operations Center Modifications 6. Access Gates Security Modifications 7. Security Fencing and Well Abandonment/Clean-up 8. Land Acquisition - Approach Protection																													
13. PROPOSED PROJECT Start Date: 4/01/02 Ending Date: 3/31/03		14. CONGRESSIONAL DISTRICTS OF a. Applicant: #02 b. Project: #02																															
15. ESTIMATED FUNDING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">3,173,786</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">346,810</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">3,520,595</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	3,173,786	.00	b. Applicant	\$	0	.00	c. State	\$	0	.00	d. Local	\$	346,810	.00	e. Other	\$	0	.00	f. Program income	\$	0	.00	g. TOTAL	\$	3,520,595	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/13/02 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	3,173,786	.00																														
b. Applicant	\$	0	.00																														
c. State	\$	0	.00																														
d. Local	\$	346,810	.00																														
e. Other	\$	0	.00																														
f. Program income	\$	0	.00																														
g. TOTAL	\$	3,520,595	.00																														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																															
Typed Name of Authorized Representative Michael Warren		b. Title City Manager		c. Telephone number (530) 225-4060																													
Signature of Authorized Representative 		e. Date Signed 4-9-02		f. Date of Review 																													

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED <p style="text-align: center;">March 2002</p>		Applicant Identifier <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 19 2002 </div>																													
1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 		State Application Identifier 																													
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 		<div style="border: 2px solid black; padding: 5px; text-align: center;"> STATE CLEARING HOUSE </div>																													
5. APPLICANT INFORMATION																																	
Legal Name: City of Redding, California			Organizational Unit: Benton Airpark																														
Address (give city, county, state, and zip code) 777 Cypress Avenue Redding, CA 96001 Shasta County			Name and telephone number of the person to be contracted on matters involving this application (give area code) Mr. Rod A. Dinger, Airports Manager (530) 224-4321																														
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) C <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div>																														
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other (specify)</div> <div>C. Increase Duration</div> </div>			9. NAME OF FEDERAL AGENCY Federal Aviation Administration																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">.</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> </div> TITLE: Airport Improvement Program (AIP)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Security Fencing – Phase II																														
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California			13. PROPOSED PROJECT <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Start Date 4/01/02 </div> <div style="width: 30%;"> Ending Date 3/31/03 </div> <div style="width: 35%;"> 14. CONGRESSIONAL DISTRICTS OF a. Applicant #02 b. Project #02 </div> </div>																														
15. ESTIMATED FUNDING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">255,000</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">12,750</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">15,583</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">283,333</td> <td style="text-align: right;">.00</td> </tr> </table>			a. Federal	\$	255,000	.00	b. Applicant	\$	0	.00	c. State	\$	12,750	.00	d. Local	\$	15,583	.00	e. Other	\$	0	.00	f. Program income	\$	0	.00	g. TOTAL	\$	283,333	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/13/02 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	255,000	.00																														
b. Applicant	\$	0	.00																														
c. State	\$	12,750	.00																														
d. Local	\$	15,583	.00																														
e. Other	\$	0	.00																														
f. Program income	\$	0	.00																														
g. TOTAL	\$	283,333	.00																														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes If yes, attach an explanation </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> No </div>			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																														
a. Typed Name of Authorized Representative Michael Warren		b. Title City Manager		c. Telephone number (530) 225-4060																													
d. Signature of Authorized Representative 				e. Date Signed 3-9-02																													

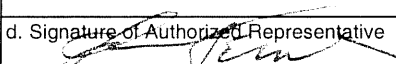
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION															
Legal Name: Woodville Public Utility District Address (give city, county, State, and zip code): P.O. Box 4567 Woodville, CA 93258-4567	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Ralph Gutierrez 559/686-9649 James H. Wegley 559/732-7938														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1545652	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right;"><input checked="" type="checkbox"/> G</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: USDA Rural Development														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Expansion to District Office														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Woodville, Tulare County															
13. PROPOSED PROJECT Start Date: 7/1/02 Ending Date: 12/1/02	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 20th b. Project: 20th														
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 88,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 32,000</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 120,000</td> </tr> </table>		a. Federal	\$ 88,000	b. Applicant	\$ 32,000	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 120,000
a. Federal	\$ 88,000														
b. Applicant	\$ 32,000														
c. State	\$.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. TOTAL	\$ 120,000														
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 17, 2002 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Type Name of Authorized Representative Armando Lopez	b. Title President														
c. Telephone Number 559/686-9649	e. Date Signed 4-16-02														

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED 29 March 2002	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: San Diego State University-Foundation		Organizational Unit: California Center for Border and Regional Economic Studies	
Address (give city, county, State, and zip code): 5250 Campanile Dr., San Diego, CA 92182		Name and telephone number of person to be contacted on matters involving this application (give area code) Kimberly Collins, 760-768-5510	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">95 — 6042721</div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">N</div>	
8. TYPE OF APPLICATION: <div style="text-align: center;"><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ Private, non-profit	
9. NAME OF FEDERAL AGENCY: Economic Development Administration, Dept. of Commerce		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Arizona and California Border County Strategy: Developing Solutions	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> — </div> TITLE: _____		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED APR 19 2002 STATE CLEARING HOUSE </div>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Border Counties in California and Arizona			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1 July 2002	Ending Date 30 June 2003	a. Applicant CA 52	b. Project CA 49, 50, 52; AZ 2, 4
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150,000 ⁰⁰	x Yes THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 15 March 2002 No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 55,556 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 205,556 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative 		e. Date Signed 4/18/02	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: INTERNATIONAL AGRI-CENTER, INC.	Organizational Unit:
Address (give city, county, State, and zip code): 4450 South Laspina St. Tulare Tulare County CA 93274-9539	Name and telephone number of person to be contacted on matters involving this application (give area code): Gary Schulz 559 688-1751

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 2381416

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) NON-PROFIT

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

US DEPT. OF AG. Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10 - 769

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Construction of multi use Facility to house meetings, conferences, special events, training seminars for rural small businesses.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Tulare County, CA

13. PROPOSED PROJECT

Start Date	Ending Date
07/01/2002	02/01/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant **21ST**

b. Project **19TH, 20TH, & 21ST**

15. ESTIMATED FUNDING:

a. Federal	\$	500,000.00
b. Applicant	\$	500,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	1,000,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE **04/11/2002**

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

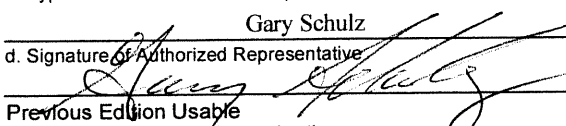
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Gary Schulz	b. Title General Manager	c. Telephone Number 559 688-1751
d. Signature of Authorized Representative <i>Gary Schulz</i>	e. Date Signed 04/16/2002	

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) / /		Applicant Identifier	
		3. Date Received by State (mm/dd/yyyy) / /		State Application Identifier	
		4. Date Received by Federal Agency (mm/dd/yyyy) / /		Federal Identifier	
5. Applicant Information Legal Name International Agri-Center, Inc		Organizational Unit			
Address (give city, county, State, and zip code) 4450 S. Laspina Tualre, CA 93274-0539		Name and telephone number of the person to be contacted on matters involving this application (give area code) Gary Schulz 559 688-1751			
6. Employer Identification Number (EIN) (xx-yyy-yy-yy) 9 4 - 2 3 8 1 4 1 6		7. Type of Applicant (enter appropriate letter in box) <div style="float:right; border: 1px solid black; padding: 2px;">N</div> <div style="clear:both;"></div> <div style="display: flex; justify-content: space-between;"><div>A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning</div><div>J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify)</div></div>			
B. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. Name of Federal Agency U. S. Dept. of Ag, Rural Development			
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: RBEG 10 - 769		11. Descriptive Title of Applicant's Project Construction of multi use facility to house meetings, special events, conferences, training and seminars for rural small businesses.			
12. Areas Affected by Project (cities, counties, States, etc.) Tulare County, CA					
13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy) 07/01/2002 02/01/2003		14. Congressional Districts of a. Applicant 21st b. Project 19th, 20th & 21st.			
15. Estimated Funding		16. Is Application Subject to Review by State Executive Order 12372 Process?			
a. Federal	\$ 500000.00	a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 04/11/2002			
b. Applicant	\$ 500000.00	b. No <input type="checkbox"/> Program is not covered by E.O. 12372			
c. State	\$ 0.00	or <input type="checkbox"/> Program has not been selected by State for review.			
d. Local	\$ 0.00				
e. Other	\$ 0.00				
f. Program Income	\$ 0.00	17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No			
g. Total	\$ 1000000.00				
18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.					
a. Typed Name of Authorized Representative Gary Schulz		b. Title General Manager		c. Telephone Number (include Area Code) (5 5 9) 6 8 8 - 1 7 5 1	
d. Signature of Authorized Representative 				e. Date Signed (mm/dd/yyyy) 01/16/2002	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <u>Laton Community Services District</u> Address (give city, county, State, and zip code): P.O. Box 447 Laton, CA 93242		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): James H. Wegley 559/732-7938	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 1 7 3 0 1 9 1 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">G</div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 6 </div> TITLE: <u>Community Facilities Grant</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <div style="border: 1px solid black; padding: 5px; transform: rotate(-2deg); transform-origin: center;"> RECEIVED District Office APR 18 2002 STATE CLEARING HOUSE </div>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Laton, Fresno County		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>April 18, 2002</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
13. PROPOSED PROJECT			
14. CONGRESSIONAL DISTRICTS OF:			
Start Date <u>7/1/02</u>	Ending Date <u>2/1/03</u>	a. Applicant <u>20th</u>	b. Project <u>20th</u>
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ <u>68,000</u>	\$ <u>68,000</u>	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
b. Applicant \$ <u>36,000</u>	\$ <u>36,000</u>		
c. State \$ _____	\$ _____		
d. Local \$ _____	\$ _____		
e. Other \$ _____	\$ _____		
f. Program Income \$ _____	\$ _____		
g. TOTAL <u>104,000</u>	\$ <u>104,000</u>	a. Type Name of Authorized Representative <u>Fred Starkweather</u>	
b. Title <u>President</u>		c. Telephone Number <u>559/923-4802</u>	
d. Signature of Authorized Representative 		e. Date Signed <u>4-17-02</u>	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 4/9/2002		Applicant Identifier 00149 861	
1. TYPE OF SUBMISSION: <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier 425-1333 3	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 95-4589854	
5. APPLICANT INFORMATION					
Legal Name: Juanita Dean			Organizational Unit: Dean's Family Child Care		
Address (give city, county, state, and zip code): 10350 Anzac Avenue Los Angeles, CA 90002			Name and telephone number of the person to be contacted on matters involving this application (give area code) Juanita Dean (323)249-7132		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) <div style="border: 1px solid black; padding: 2px;"> 9 5 . 4 5 8 9 2 5 4 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px;">L</div> A. State I. State Controlled Institution of Higher B. County Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) H. Independent School Dist.		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="border: 1px solid black; padding: 2px;"> </div> A. Increase Award D. Decrease Duration B. Decrease Award Other (specify): C. Increase Duration			9. NAME OF FEDERAL AGENCY: FSA <div style="border: 1px solid black; padding: 10px; text-align: center;"> RECEIVED APR 17 2002 STATE CLEARING HOUSE </div>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;"> 1 0 . 4 0 4 </div> TITLE: Emergency Loan			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mortgage Pay-off of business and restoration		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): cities, counties					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date May 1, 2002	End Date Oct 1, 2002	a. Applicant 37		b. Project 37,25,30,33	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 165000		a. This preapplication/ application was made available to the state executive order Yes. 12372 process for review on: Date			
b. Applicant \$ 2000		b. No. <input type="checkbox"/> Program is not covered by E.O. 12372			
c. State \$ 20000		<input checked="" type="checkbox"/> Or program has not been selected by state for review			
d. Local \$ 0					
e. Other \$ 0					
f. Program Income \$ 2000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			

g. TOTAL \$ 189000		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/ PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Name of Authorized Representative Juanita Dean		b. Title Care Provider	c. Telephone number (323)249-7132
d. Signature of Authorized Representative <i>Juanita Dean</i>		e. Date Signed 4/9/2002	

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102Return to Application Forms

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		April 16, 2002	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Murrieta		Organizational Unit: City Manager's Office	
Address (give city, county, State, and zip code): 26442 Beckman Court Murrieta, CA 92562		Name and telephone number of person to be contacted on matters involving this application (give area code): Al Vollbrecht 909-461-6003	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0468975		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px;">C</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Surveys, Studies, Investiga- 66-606 TITLE: tions & Special Purpose Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Original Murrieta Wastewater Planning & Construction Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Murrieta original downtown area			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: California 43rd	
Start Date	Ending Date	a. Applicant	b. Project
	30 weeks	from start date	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 96,800.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-16-02	
b. Applicant	\$ 79,200.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 176,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Stephen N. Mandoki		b. Title City Manager	c. Telephone Number 909-461-6003
d. Signature of Authorized Representative <i>Stephen N. Mandoki</i>		e. Date Signed 4-16-02	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/15/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: <u>The Bay Institute</u>		Organizational Unit: <u>Watershed Education</u>
Address (give city, county, State, and zip code): <u>500 Palm Drive, Suite 200</u> <u>Novato, CA 94949</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Grant Davis, (415) 506-0150</u>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-2717001 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non-profit</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> </div>
--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between;"> <div> A. Increase Award B. Decrease Award D. Decrease Duration Other(specify): </div> <div> C. Increase Duration </div> </div> <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 17 2002 STATE CLEARING HOUSE </div> </div>	9. NAME OF FEDERAL AGENCY: <u>NOAA National Marine Fisheries Service</u>
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-right: 50px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11-463</div> </div> TITLE: <u>Habitat Conservation</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Students and Teachers Restoring A Watershed (STRAW): Miller and Walker Creeks</u>
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Marin County, CA</u>	
---	--

13. PROPOSED PROJECT Start Date: <u>10/1/02</u> Ending Date: <u>9/30/03</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>6th</u> b. Project: <u>6th</u>
---	---

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>4/15/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ <u>46,053</u> ⁰⁰	
b. Applicant	\$ <u>23,082</u> ⁰⁰	
c. State	\$ <u> </u> ⁰⁰	
d. Local	\$ <u>7,956</u> ⁰⁰	
e. Other	\$ <u>15,668</u> ⁰⁰	
f. Program Income	\$ <u> </u> ⁰⁰	
g. TOTAL	\$ <u>92,756</u> ⁰⁰	

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative <u>Grant Davis</u>	b. Title <u>Executive Director</u>	c. Telephone Number <u>(415) 506-0150</u>
d. Signature of Authorized Representative		e. Date Signed <u>4/15/02</u>

Jo. Grc FS Coordinator 916 445-0613

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 15, 2002		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: San Geronimo Valley Planning Group		Organizational Unit:		FEDERAL IDENTIFIER	
Address (give city, county, State, and zip code): P.O. Box 256 Woodacre, CA 94973		Name and telephone number of person to be contacted on matters involving this application (give area code):		STATE CLEARING HOUSE	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): NA		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u>			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: NOAA/NMFS			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 111-4613		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Woodacre Creek Culvert Removal and Restoration Project			
12. AREAS AFFECTED BY PROJECT (cities, counties, States, etc.): Marin County, California		13. PROPOSED PROJECT			
14. CONGRESSIONAL DISTRICTS OF: Congresswoman Lynn Woolsey, District 6		15. ESTIMATED FUNDING:			
Start Date 6/2003		Ending Date 10/2003		a. Applicant San Geronimo Planning Grp	
b. Project Woodacre Creek Restoration		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/15/02		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Liza Crosse		b. Title Chair, Creek Committee		c. Telephone Number 415-499-3246	
d. Signature of Authorized Representative <i>Liza Crosse</i>		e. Date Signed			